APPLICATION FOR ADVANCE ON CME A/C

2.	Name of the applicant/ Convenor :
3.	Designation:
4.	Department :
5.	Name of Sponsoring Agency if applicable :
6.	Details of funds placed :
	a) Funds placed by sponsoring Agency with budget if any:
	b) Details of subscription received i.e. Name, Purpose, DD/NEFT/RTGS/ with UTR no. amount
	c) Seed money received by the convenor :
	d) Whether these are deposited in CME A/c., if yes, date of deposit:
7.	Is the programme approved by the competent authority? If so, please enclose a copy of the approval.
8.	Purpose of Advance:
9.	Details of advance required (as per the budgetary provision)
10.	Total amount of advance required
11.	Unadjusted advance if any :
	Head of the Department Signature of the Convenor with desig. & date.
FOR OFFICE USE ONLY Checked the contents of the application and found correct. An amount of Rs	
	Assistant DDO AIIMS, Bhubaneswar CME A/c
	n order No. Date:
SANCT	ONED Rs(Rupees(Rupees
Vide N	te Sheet No File No by the C.A.